

Transcript Request Form

STUDENT NAME (Please print legibly):				STUDENT ID NUMBER:	
_____				_____	
Last	First	Middle	Previous/Maiden		
DATES OF ATTENDANCE:			CURRENT PHONE NUMBER: _____		
_____			CURRENT E-MAIL ADDRESS: _____		

DIRECTIONS:

1. This form must be completed and signed by the person to whom the records belong.
2. Provide all information applicable on the form by typing or printing legibly. Be sure to include any maiden names or any other previous names.
3. Provide the complete name and address of where you wish your transcript to be mailed.
4. There is a \$5 fee for each transcript requested which can be paid by cash, check or credit card.
5. Please allow 5 business days for processing after receiving your request. Processing times may be longer at the beginning and end of a semester. Transcripts will not be released if you have a financial hold on your account.
6. NCTA transcripts are NOT faxed.

PROCESSING INSTRUCTIONS (Please Check):

- Process now
- Hold until current grades are recorded
- Hold for grade change or removal of Incomplete
- Send after degree is recorded
- Will pick up in Registration and Records

Mail to the following:

To: _____	To: _____
_____	_____
_____	_____
_____	_____

Student Signature: _____ **Date:** _____

For Office Use Only	
# Transcripts Requested: _____	Date Mailed: _____
PD/Date: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card